Transforming Health Care
Key Aspects for Safety Net Providers

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US Health Care Lags Behind the Rest of the Developed World

- Studies
  - Starfield B. Primary Care and Health. A Cross-National Comparison. JAMA. 1991; 266:2268–71
  - http://www.commonwealthfund.org/Publications/Chartbooks/2011/Dec/Multinational-Comparisons-of-Health-Data-2011.aspx
  - http://www.commonwealthfund.org/Charts/Chartbook/Multinational-Comparisons-of-Health-Systems-Data-2010/I/International-Comparison-of-Spending-on-Health-1980-to-2008.aspx

Why?

- 1. So many uninsured
  - Example: Treating high blood pressure WILL reduce the incidence of strokes, heart attacks, kidney failure
    - It is cheap and easy to do so
    - Nursing home care, expensive procedures (dialysis) run up total costs
- 2. Lack of a robust primary care infrastructure
  - The dollars go to end stage, high cost interventions
- 3. Social/cultural challenges
  - Diet/nutrition, exercise, stress (including substance abuse and mental health)
  - Social determinants of health (poverty, education, violence)

1. The Uninsured

- Penny wise and pound foolish
- Waste we don't think of
  - Categorical programs, each with their costly infrastructure
    - **Could we not roll them up into a PCMH infrastructure?**
    - Population health vs intensive individual efforts
    - Change probably has to occur at the local level and not by legislation
    - Legislative bodies won't take on the special interests
  - Lack of coordination/duplication

2. Lack of Primary Care Infrastructure

- Dollar distribution: the “Popeye effect”
- The “community utility” approach
  - Introduced to Iowa by Ed Schor, MD
  - Shares resources across many PCMH practices
    - Quality efforts, HIT support, care coordination/management, patient education, prevention efforts
    - Especially necessary for small, rural, and safety net practices
  - Data shows these MUST be intimately connected to the PCMH
    - **Both Wellmark and IME spend millions on centralized education and care management (shown to be ineffective) – why not provide those $$ to the PCMH??**

2. Lack of Primary Care Infrastructure
(cont.)

- Where is the patient in the PCMH?
  - **Need to support patient/family engagement**
- Role of patient advisory councils in addition to patient satisfaction assessments
- Providers need actionable patient feedback
- Care teams need to be structured to support the above

3. Social/Cultural Challenges: Food and Nutrition

- The story of American agriculture and diet in a sentence: Corn kernels used to be 90% protein and 10% starch; now they are 90% starch and 10% protein. “Better living through chemistry.”
- Our brains are hard wired to crave fat and sugar.
- As a society we must face the disease burden, and accompanying costs placed on us by obesity
- Re-tooling the farm
  - **WWII as a model: Industry was re-directed to the war effort**

3. Social/Cultural Challenges

Exercise

- Tied closely to diet challenges
- We all need to be role models
- Need to make movement a natural part of our lives
  - **“Walkability” of our communities**
- A public health approach

3.Social/Cultural Challenges

Stress

- We all feel it. There is much evidence that it makes us sick.
- Appears as mental health issues
- Appears as substance abuse
- Appears as medical disease
  - People with serious mental illness die 25 years younger than the rest of us. And they die of medical conditions.

3. Social/Cultural Challenges

Stress

- Integrating behavioral health with primary care
- **Will become the big innovation in primary care in this decade**
- Can address not only mental health issues
  - 70 - 80% are already seen in primary care
  - But also behavioral issues of health and disease
    - Diet, stress, coping with chronic disease, substance use

3. Social/Cultural Challenges

Social determinants of health

Poverty

Breeds

Disease

Health Care Reform Impact on Safety Net System in Iowa Project

- Grant funded by The Commonwealth Fund to The University of Iowa Public Policy Center
  - Support from The Wellmark Foundation too
- Study impact of health care reform (access to care, financing, health system integration)
- Safety Net Network serving as key partner
  - Existing structure and partnerships make analysis and recommendations easier
- Completing analysis phase with a series of data reports on specific safety net providers and payors

Health Care Reform Impact on Safety Net System in Iowa Project, cont.

- Legal and Economic Review of the Affordable Care Act by UI team
- Subcommittee Work
  - Safety Net Providers – RHCs and FQHCs
    - Access, finances, health system integration, and communications (4 Network Goals)
  - Safety Net Payor – Medicaid
    - Population characteristics, basic health plan, benchmark plan, access and provider capacity, etc.
  - Primary Care Service Area – Oral Health
    - Access, capacity of providers, implications of reform

Key Policy Questions for Subcommittees

- Selected a small number of policy questions the subcommittees will be addressing:
- What is our current capacity? How will the anticipated growth of covered individuals affect the **future primary care delivery system capacity** including providers, care coordinators, and other health care professionals?
- How will the current primary care delivery system accommodate the needs of future patients, including enabling services, and what **changes to the primary care delivery system** may need to be made to accommodate patient needs?

Key Policy Questions for Subcommittees, cont.

- Should **social determinants of health** be considered in payment reform and the way care is delivered?
- Will payment reform allow for **investment in the primary care provider system**, including care coordination, patient navigation, etc.?
- What are the types of possible payment reforms that could be implemented to support **a new health care delivery system?**
- How does Iowa improve the **integration of primary care with specialty care services, including substance abuse, behavioral health, oral health, pharmacy**, etc on a statewide basis?

Key Policy Questions for Subcommittees, cont.

- How do we ensure safety net provider **participation in** value based purchasing agreements like **ACOs?**
- How do we ensure **prevention** is built into the health care delivery system?
- What is the current capacity of the system to provide patient education and to better **engage patients** in their own care?
- What are the population characteristics for new enrollees in 2014 (utilization, costs, enrollment patterns, health status, etc.)?
- As additional Medicaid Managed Care Organizations move into the state, what expectations should the state have in order to manage these contracts and make the most of **case management and care coordination locally**?

Questions?

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